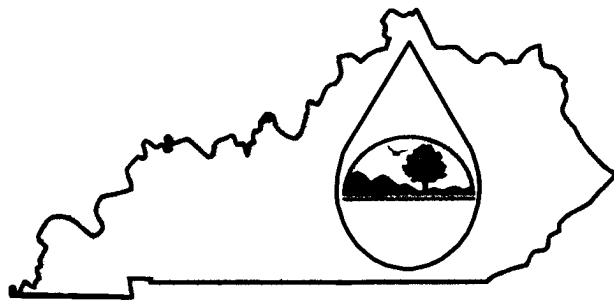


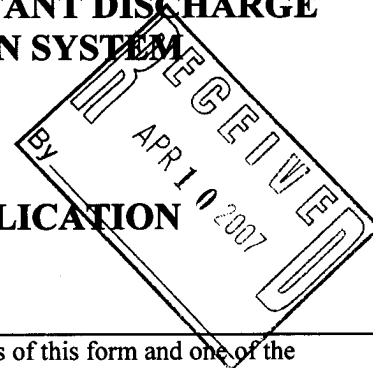
KPDES FORM 1

✓ AI 2054



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



This is an application to: (check one)

- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	0	4	4	2	6	1
A. Name of business, municipality, company, etc. requesting permit Louisville & Jefferson County Metropolitan Sewer District									
B. Facility Name and Location					C. Facility Owner/Mailing Address				
Facility Location Name: Glenview Bluff STP					Owner Name: Metropolitan Sewer District				
Facility Location Address (i.e. street, road, etc.): 3711 Glen Bluff Rd					Mailing Street: 700 West Liberty Street				
Facility Location City, State, Zip Code: Louisville, Kentucky 40222					Mailing City, State, Zip Code: Louisville, Kentucky 40203				
					Telephone Number: (502) 564-6000				

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Residential & Commercial Wastewater Treatment (non-industry); Publically owned treatment Works

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	6552; Land Subdivision & Land Development		
Other SIC Codes:	4952; Sewage Treatment Fac.		

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Jefferson	City where facility is located (if applicable): Louisville
C. Body of water receiving discharge: Unnamed tributary at mile 0.3 to unnamed tributary at mile 0.2 to Ohio River at mile 384	
D. Facility Site Latitude (degrees, minutes, seconds): 38° 18' 31"	Facility Site Longitude (degrees, minutes, seconds): 85° 38' 44"
E. Method used to obtain latitude & longitude (see instructions): USGS Topographic Map	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input checked="" type="checkbox"/> Publicly Owned <input type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: Donald H. Larue	Telephone Number: (502) 241-9310
Operator Mailing Address (Street): 5512 Hitt Ln	
Operator Mailing Address (City, State, Zip Code): Louisville, Kentucky 40241	
Is the operator also the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Certification Class: IV	Certification Number: 10134

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: KY0044261	Issue Date of Current Permit: November 1, 2002	Expiration Date of Current Permit: September 30, 2007
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	N/A
Solid or Special Waste	N/A	N/A
Hazardous Waste - Registration or Permit	N/A	N/A

VI. DISCHARGE MONITORING REPORTS (DMRs)
KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	Dennis Thomasson
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	Cedar Creek Wastewater Plant
DMR Mailing Street:	8405 Cedar Creek Rd
DMR Mailing City, State, Zip Code:	Louisville, Kentucky 40211
DMR Official Telephone Number:	(502) 239-7695

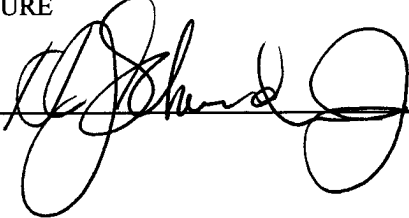
VII. APPLICATION FILING FEE

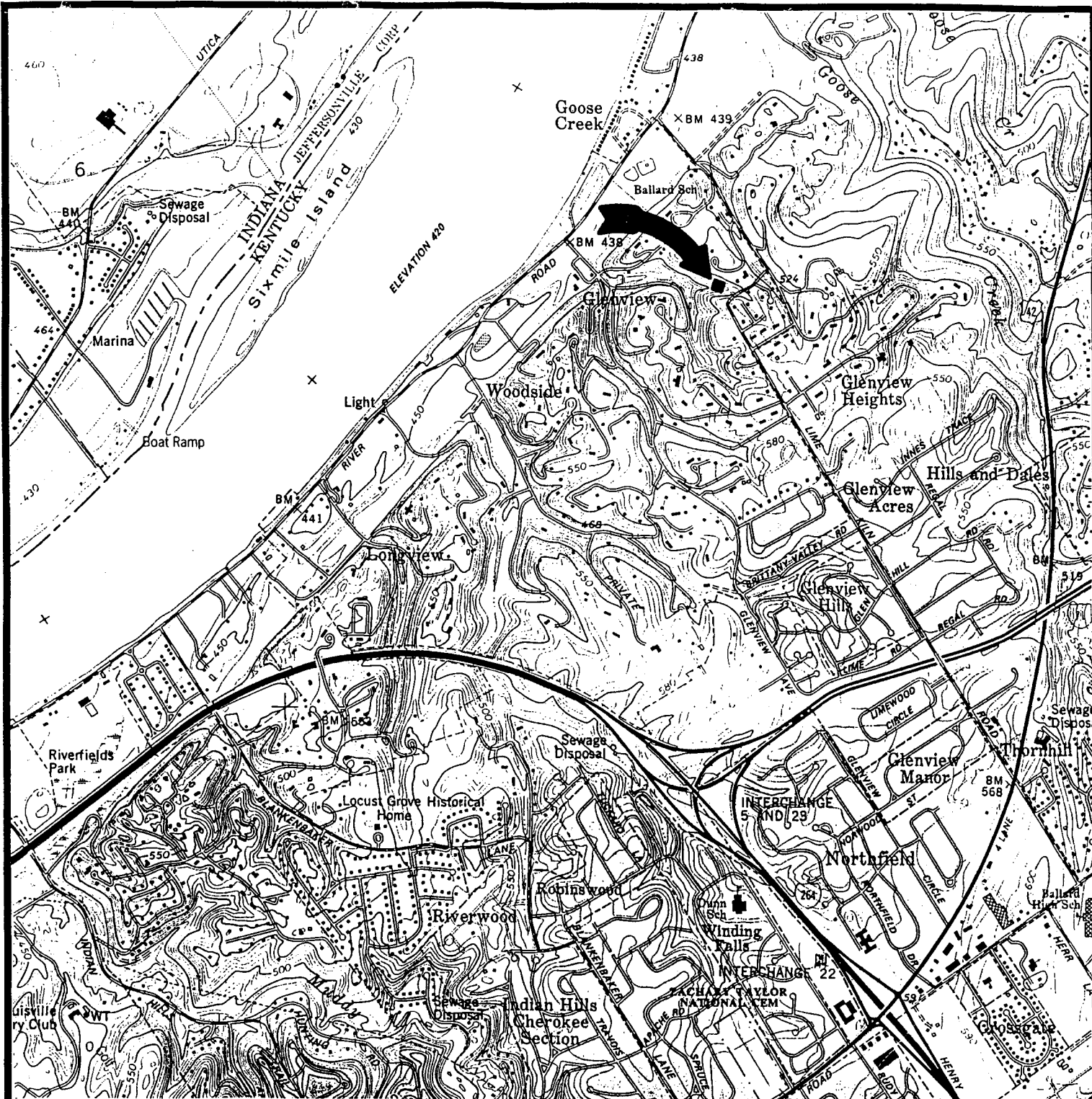
KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Public Owned Treatment Works (No Fee Due) <i>MUN</i>	N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Herbert J. Schardein, Jr Executive Director	(502) 540-6000
SIGNATURE 	DATE: <i>4/9/07</i>



MSD

■ Treatment Plant

▲ Discharge Point

JEFFERSONVILLE QUADRANGLE

INDIANA KENTUCKY
7.5 MINUTE SERIES (TOPOGRAPHIC)
SW/4 PROSPECT 15' QUADRANGLE

207 - GLENVIEW BLUFF

CAPACITY 0.01 MGD

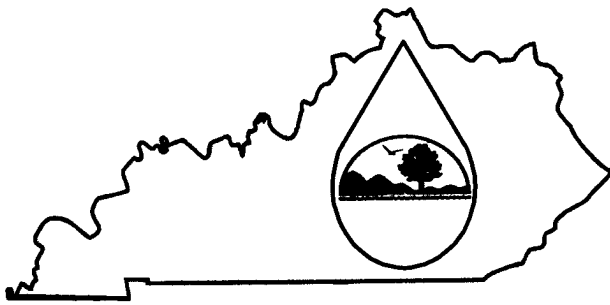
LATITUDE			LONGITUDE		
DEGREES	MINUTES	SECONDS	DEGREES	MINUTES	SECONDS
38	18	29	85	38	44

Louisville and Jefferson County Metropolitan Sewer District - Urban Area
700 West Liberty Street Louisville, Kentucky 40203-1913 502-540-6000

KPDES FORM SC

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Glenview Bluff STP

AGENCY
USE

I. FACILITY DISCHARGE FREQUENCY

A. Do discharge(s) occur all year? Yes ☒ No ☐
(Complete Item IX for intermittent discharges.)

B. How many days per week? 7

II. A. Give the basis of design for sizing of the wastewater facility (see instructions):

Residential Connections: 18

Commercial Connections: 0

Industrial Connections: 0

B. If new discharger, indicate anticipated discharge date:

C. Indicate the design capacity of the treatment system: 0.010 MGD

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	38	18	29	85	38	44	Unnamed tributary at mile 0.3 to unnamed tributary at mile 0.2 to Ohio River at mile 384
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				USGS topographic map			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001		0.003/0.010	Bar Screen	1-T
		0.003/0.010	Activated Sludge	3-A
		0.003/0.010	Multimedia Filter	1-Q
		0.003/0.010	Disinfection Chlorine	2-F
		0.003/0.010	Discharge	4-A

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☐ Yes ☐ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	N/A
<input type="checkbox"/>	Arsenic	N/A
<input type="checkbox"/>	Beryllium	N/A
<input type="checkbox"/>	Cadmium	N/A
<input type="checkbox"/>	Chromium	N/A

<input type="checkbox"/>	Copper	N/A
<input type="checkbox"/>	Lead	N/A
<input type="checkbox"/>	Mercury	N/A
<input type="checkbox"/>	Nickel	N/A
<input type="checkbox"/>	Selenium	N/A

<input type="checkbox"/>	Silver	N/A
<input type="checkbox"/>	Thallium	N/A
<input type="checkbox"/>	Zinc	N/A
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)		
A. Number of bypass points:	0	(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: 0 (If discharge is from an overflow point, the information below must be completed.)		
Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	0
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)	
NAME	ACTUAL POPULATION SERVED
Residential Connections	18
Commercial Connections	0
Industrial Connections	0
TOTAL POPULATION SERVED	18 Connections

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

N/A

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS

N/A

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅			
TOTAL SUSPENDED SOLIDS			
FECAL COLIFORM			
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA			
DISCHARGE FLOW			
PH			
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

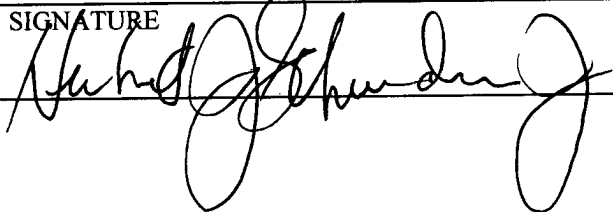
TELEPHONE NUMBER (area code and number):

Herbert J. Schardein, Jr. Executive Director

(502) 540-6000

SIGNATURE

DATE



4/9/07

KPDES Permit Application Attachments

Glenview Bluff STP KY0044261 REPORTED DISCHARGE AND EXISTING LIMITS SUMMARY

Description of Discharge - Outfall Number 001 - Wastewater Treatment Plant (Effluent Requirements)

Effluent Characteristics	Reported Discharge			Existing Limits		Applicable Water Quality Criteria and/or Effluent Guidelines
	Average	Lowest	Highest	Monthly	Weekly	
	Annual Value	Monthly Value	Monthly Value	Average	Average	
Flow, MGD (Design Flow = 0.010 MGD)	0.0028	0.001	0.019	Report	Report	401 KAR 5:065, Section 2(8)
COD ₅ (mg/l)	3.41	1	7	30	60	401 KAR 5:031, Section 4
TSS (mg/l)	6.65	3	12	30	45	401 KAR 5:045, Sections 3 and 5
Fecal Coliform (#/100 ml)	2.18	1	15	200	400	401 KAR 5:031, Section 7
						401 KAR 5:045, Section 4
						401 KAR 5:080, Section 1(2)(c)2
Ammonia (as mg/l N),	0.66	0.056	7.5	4	8	401 KAR 5:031, Section 4
				10	20	401 KAR 5:045, Section 3
Dissolved Oxygen (mg/l)	N/R	7.0	N/R	Not less than 7		401 KAR 5:031, Section 4
						401 KAR 5:045, Section 3
pH, standard units	N/R	6.8	7.0	6.0 (min)	9.0 (max)	401 KAR 5:031, Section 4
						401 KAR 5:045, Section 3
Total Phosphorus (as mg/l P)	4.33*			Report	Report	401 KAR 5:065, Section 2(8)
*(One Sample)						

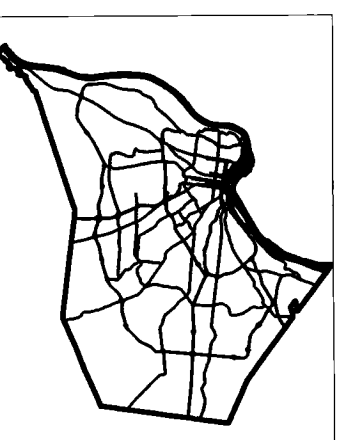
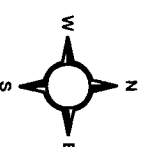
Reported Discharge values were compiled from DMR data, starting with November 2002 - February 2007.

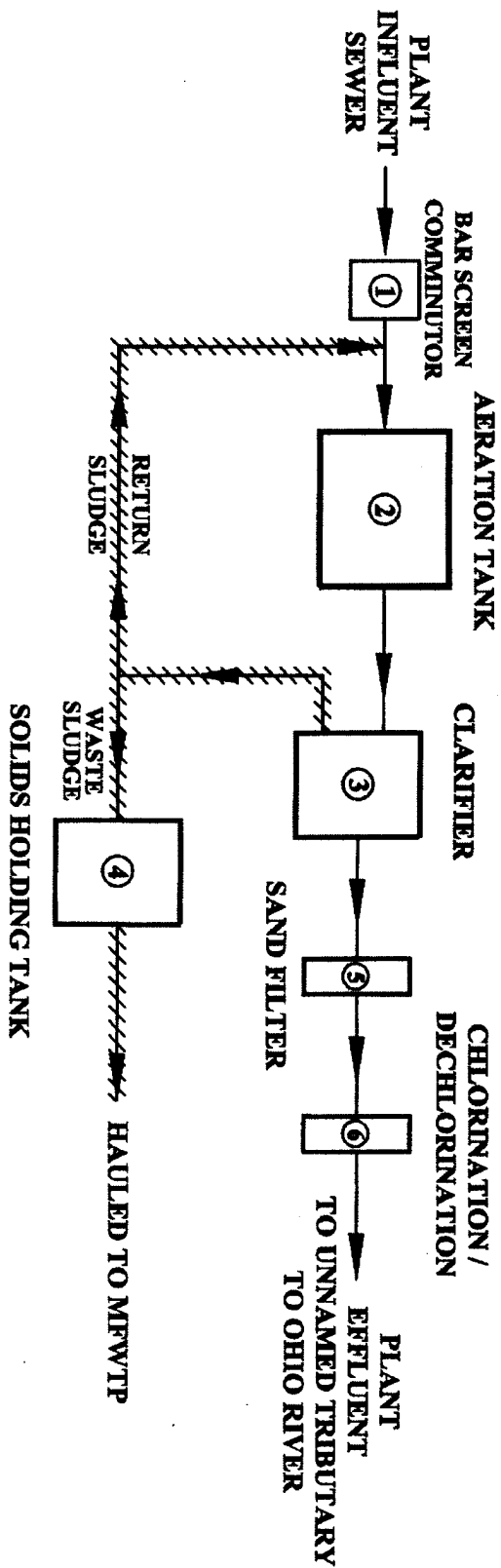
The abbreviation N/R means Not Reported
The abbreviation COD₅ means Carbonaceous Biochemical Oxygen Demand (5-day).

KY0044261 Glennview Bluff STP

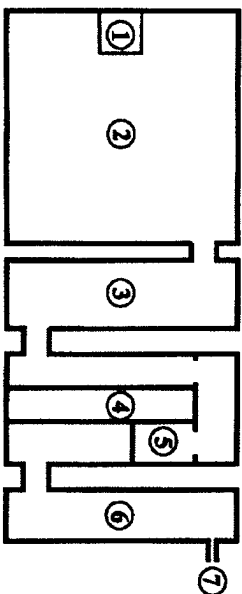


- Streetcl
- ★ Loccode
- Sewernd
- ▲ Sewer
- ▾ Drainage Lines
- ▾ Channels
- ▾ Pipes
- ▲ Treatment Plants
- ▾ Buildings
- ▾ Edge of Pavement
- ▾ Paved Roads
- ▾ Bridges
- ▾ Text Street Names
- ▾ Parking, Sidewalk
- ▾ Railroads
- ▾ Active
- ▾ Abandoned
- ▾ Misc. Structures
- ▾ Streams
- ▾ Municbnd





PROCESS FLOW DIAGRAM



WTP Site Key Map

LEGEND

- Wastewater Flow
- Sludge Flow
- 1. Manual Bar Screen / Comminutor
- 2. Aeration Tank
- 3. Clarifier
- 4. Solids Holding Tank
- 5. Sand Filter
- 6. Chlorine Contact
- 7. Effluent



Lexington and Jefferson County
Metropolitan Sewer District
700 West Liberty Street
Lexington, Kentucky 40503-1913

**GLENVIEW BLUFF WTP
PROCESS FLOW PLAN**
KPDES #: KY 0044261

Scale - None Drawn By: JDL Date: 10/24/06

blanview bluff wtp flow.dwg



MSD

Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville Kentucky 40203-1911
502-540-6000
www.msdlouky.org

April 9, 2007

Vickie L. Prather, Acting Supervisor
Division of Water
Inventory and Data Management Section
KPDES Branch
14 Reilly Road
Frankfort, Kentucky 40601



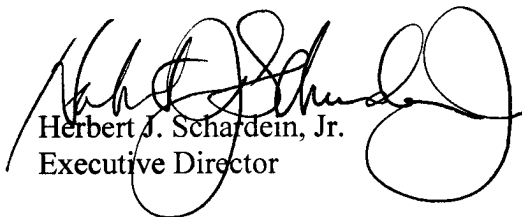
Subject: Renewal Application KPDES No. KY0044261
Glenview Bluff Wastewater Treatment Plant

Dear Ms. Prather:

Enclosed are the completed applications (Form 1 and Form SC) for the renewal of Glenview Bluff Wastewater Treatment Plant KPDES permit KY0044261.

If you have any questions please contact Daymond Talley at (502) 540-6980 or at talley@msdlouky.org.

Sincerely,


Herbert J. Schardein, Jr.
Executive Director

HJS/dmt

cc:	D. Guthrie	A. Akridge
	D. Thomasson	D. Talley
	J. Kessel	M. Jenkins
	R. Shaw (eB)	



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www.louisvillegreen.com



ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION OF WATER

14 REILLY ROAD

FRANKFORT, KENTUCKY 40601-1190

www.kentucky.gov

TERESA J. HILL
SECRETARY

April 24, 2007

Herbert J. Schardein, Jr., Executive Director
Metropolitan Sewer District
700 West Liberty Street
Louisville, Kentucky 40203

Re: Complete KPDES Permit Application
KPDES No.: KY0044261
Glenview Bluff STP
Jefferson County, Kentucky

Dear Mr. Schardein:

Your Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on April 10, 2007, and has been determined complete. As per 401 KAR 5:075, Section 1(7), the official effective date of your application has been determined as April 24, 2007, the date of this notice.

If this application is for new construction, appropriate plans and specifications must be submitted and a construction permit issued before construction may begin. For new facilities, the review of this application may be coordinated in accordance with 401 KAR 5:300, Section 4(1).

A technical review of your permit application will commence in the near future. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. A request for this additional information will not render your application incomplete.

If you have any questions concerning this matter, please contact Barry Elmore at (502) 564-3410, extension 459.

Sincerely,

Nancy Green, Program Coordinator
Inventory and Data Management Section
KPDES Branch
Division of Water

NG:ng
c: Division of Water Files